EV 323499874 US

OCT 1 8 2004
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Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
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Date In		Postage	Delivery Attempt	Time	Employee Signature
Mo. Day Year	☐ 12 Noon ☐ 3 PM	$	Mo. Day	☐ AM ☐ PM	
Time In	Military	Return Receipt Fee	Delivery Date	Time	Employee Signature
☐ AM ☐ PM	☐ 2nd Day ☐ 3rd Day		Mo. Day	☐ AM ☐ PM	
Weight	Int'l Alpha Country Code	COD Fee / Insurance Fee			
lbs. ozs.					
No Delivery	Acceptance Clerk Initials	Total Postage & Fees			
☐ Weekend ☐ Holiday		$			

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

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Case No.: D0051 NP   4682

Application No.: 09/993,180

Mailing Date: 10/18/04

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